PTO/SB/05 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032

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UTILITY	:.
PATENT APPLICATION	ИC
TRANSMITTAL	

Attorney Docket No. 60655.1000 First Inventor Lawrence J. Mika

TRANSMITTAL		Title		M&S for Interfacing with Accounting Systems				
			Mail Label	EV325939914US				
See MPEP	APPLICATION ELEMENTS chapter 600 concerning utility patent application co	ontents.	,	ADDRESS	TO: Mail St	issioner for Patents op Patent Application ox 1450 dria VA 22313-1450	PT	
2. A S S (p	referred arrangement set forth below)	g) 15]]		Compute otide and/ocable, all no	er Program (A or Amino Acid ecessary)	Sequence Submission able Form (CRF)	17522 U.S	
-( 	Descriptive title of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention		С.	i ii Sta	CD-ROM o Paper atements veri	r CD-R (2 copies); or fying identity of above o		
-1	Brief Description of the Drawings (if filed)	• .				PLICATION PART	1.0	
, i - (	Detailed Description Claim(s) Abstract of the Disclosure		10.	37 CFR 3 (when there	.73(b) Statem is an assignee	) Power or A		
4. 🚺 D	rawing(s) (35 U.S.C. 113) [Total Sheets	3 ]	12	Informatio	n Disclosure t (IDS)/PTO-1	cument (if applicable)  Copies of Citations	IDS	
5. Oath or E		<b>2</b> ]	· 1 · · · · · · · · · ·		y Amendmen			
a. Newly executed (original or copy)  b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)  i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR  Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.					SB/35			
6. 🚺 A	1.63(d)(2) and 1.33(b).  oplication Data Sheet. See 37 CFR 1.76		17 (	Other:				
or in an Applica Co Prior a	ONTINUING APPLICATION, check appropriate ation Data Sheet under 37 CFR 1.76: Intinuation Divisional Continual application information: Examiner  JATION OR DIVISIONAL APPS only: The entire of the disclosure of t	tion-in-pa	rt (CIP) of pri	or applica	ntion No.:	1	· · · · · · · · · · · · · · · · · · ·	
under Box 5t reference. Th	e incorporation can only be relied upon when a	portion ha	s been inadverte	ently omitt	ed from the su	on and is hereby incorp bmitted application parts	orated by	
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	Thomas V. DelRosario					2-32		
Name ————	Snell & Wilmer							
Address	One Arizona Center							
	400 E. Van Buren							
City	Phoenix	State	Arizona		Zip Code	85004-2202		
Country	US Tele	phone	602-382-6219		Fax	602-382-6070		
Name (	(Print/Type) Thomas V. DelRosario		Regist	tration No.	(Attorney/Agent)	46,658	<b>)</b>	
Signati	ure				Date	June 24, 2003	ノ	
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USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (5-03)
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<b>FEE TRANSM</b>	ΙΤΤΔΙ	Complete if Known					
		Application Number	To Be Assigned				
for FY 2003		Filing Date	June 24, 2003				
ffective 01/01/2003. Patent fees are subject	to annual revision.	First Named Inventor	MIKA, Lawrence J.				
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	To Be Assigned				
Table 1		Group Art Unit	To Be Assigned				
TOTAL AMOUNT OF PAYMENT   {	s) \$790.00 <b>[</b>	Attorney Docket No.	60655 1000				

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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
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Account Name Snell & Wilmer	1053	130	1053	130	Sheet Non - Fr	nglish specification		
The Commissioner is authorized to: (check all that apply)		2,520	1	2,520		a request for ex p	arte reexamination	
Charge fee(s) indicated below Credit any overpayments	1804		1804	920*	Request		SIR prior to Examiner	
Charge any additional fee(s) during the pendency of this application	1805	1,840*	1805	1,840*	action Request	ting publication of S	SIR after Examiner	
Charge fee(s) indicated below, except for the filling fee			ŀ	-	action			
to the above-identified deposit account.	1251	110	2251			on for reply within fi		
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1. BASIC FILING FEE	1253		2253	465		on for reply within th		
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1002 330 2002 165 Design filing	1402		2402	160		orief in support of a	n appeal	
1003 520 2003 260 Plant filing fee	1403	280	2403	140		for oral hearing		
1004 750 2004 375 Reissue filing	1451	1,510	1451			to institute a public		
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition t	to revive - unavoida	ible	
SUBTOTAL (1) (\$) \$750.00	1453	1,300	2453	650	Petition t	to revive + unintenti	onal	
2. EXTRA CLAIM FEES FOR UTILITY AND	1501	1,300	2501	650	Utility iss	sue fee (or reissue)		
Fee from	1502	470	2502	235	Design is	ssue fee		
Extra Claims below Fee Paid  Total Claims 6 -20** = 0 X = 0.00	1503	630	2503	315	Plant iss	ue fee		
Independent 1 3** = 0 X = 0.00	1460	130	1460	130	Petitions	to the Commission	ner .	
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arge Entity   Small Entity	1806	180	1806	180	Submiss Statement	ion of Information D	Disclosure	
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1202 18 2202 9 Claims in excess of 20	1809	750	2809	375		submission after fina § 1.129(a))	al rejection	
1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	For each	additional inventio	n to be examined	
1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 ** Reissue independent claims	1801	750	2801	375	•	§ 1.129(b)) for Continued Exar	mination (RCF)	
over original patent	1802	900	1802			for expedited exam		
1205 18 2205 9 ** Reissue claims in excess of 20	1002	0001	1002	. 500		gn application		
and over original patent	Othe	er fee (s	specify)	<del></del>	<del> </del>	-	<del></del>	
SUBTOTAL (2) (\$) \$0.00								
*or number previously paid, if greater; For Reissues, see above	*Red	*Reduced by Basic Filing Fee Paid				SUBTO	ΓAL (3) (\$)	\$40.00
SUBMITTED BY Complete (if applicable)								
Name (Print/Type) Thomas V. DelRosario		Registra Attorney	tion No (Agent)		46,658	Telephone	602-382-6	219
Signature						Date	Juné 24, 20	03

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